



EV026160662US

01-22-02

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Please type a plus sign (+) inside this box → Approved for use through 09/30/2000, OMB 0651-0032
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. MI22-1797

First Inventor or Application Identifier Zhongze Wang

Title Silicon-on-Insulator Comprising Integrated Circuitry...

Express Mail Label No. EV026160662US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

1. * Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)

2. Specification [Total Pages 28]
(preferred arrangement set forth below)
 - Descriptive title of the Invention **+title page**
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure

3. Drawing(s) (35 U.S.C. 113) [Total Sheets 3]

4. Oath or Declaration [Total Pages 2]
 a. Newly executed (original or copy)
 b. Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
 i. DELETION OF INVENTOR(S)
 Signed statement attached deleting
 inventor(s) named in the prior application,
 see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

NOTE FOR ITEMS 1 & 13 IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

5. Microfiche Computer Program (Appendix)

6. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 a. Computer Readable Copy
 b. Paper Copy (identical to computer copy)
 c. Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. Assignment Papers (cover sheet & document(s))

8. 37 C.F.R. § 3.73(b) Statement Power of
(when there is an assignee) Attorney

9. English Translation Document (if applicable)

10. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS
Citations

11. Preliminary Amendment

12. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)

* Small Entity Statement(s) Statement filed in prior application
(PTO/SB/09-12) Status still proper and desired

13. Certified Copy of Priority Document(s)
(if foreign priority is claimed)

14. Other: Check in the amount of \$ 1898.00
 Check for \$40.00

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

Continuation Divisional Continuation-in-part (CIP) of prior application No. _____ / _____

Prior application information: Examiner _____

Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	021567		or <input type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)	
Name	Mark S. Matkin			
	Wells St. John P.S.			
Address	601 W. First Ave., Suite 1300			
City	Spokane	State	WA	Zip Code
Country		Telephone	509-624-4276	Fax
Name (Print/Type)		Registration No. (Attorney/Agent)		32,268
Signature				11/16/02

Burden Hour Statement: This form is estimated to take 0-2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

J1057 U.S. PTO
10/05/91

01/16/02

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FEE TRANSMITTAL

for FY 2000

Patent fees are subject to annual revision
Small Entity payments **must** be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$)¹ 1938.00

Complete if Known

Application Number	Unassigned
Filing Date	Herewith
First Named Inventor	Zhongze Wang
Examiner Name	Unassigned
Group / Art Unit	Unassigned
Attorney Docket No.	MI22-1797

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 23-0925

Deposit Account Name Wells St. John P.S.

 Charge Any Additional Fee Required
Under 37 CFR §§ 1.16 and 1.172. Payment Enclosed:
 Check Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 690	201 345	Utility filing fee	740.00
106 310	206 155	Design filing fee	
107 480	207 240	Plant filing fee	
108 690	208 345	Reissue filing fee	
114 150	214 75	Provisional filing fee	

SUBTOTAL (1) (\$)¹ 740.00

2. EXTRA CLAIM FEES

Extra Claims	Fee from below	Fee Paid
Total Claims 61 -20** = 41	x 18	= 738
Independent 8 - 3** = 5	x 84	= 420
Multiple Dependent		= 0

**or number previously paid, if greater. For Reissues, see below

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 78	202 39	Independent claims in excess of 3
104 260	204 130	Multiple dependent claim, if not paid
109 78	209 39	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)¹ 1,158.00

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)¹ 40.00

Complete (if applicable)

Name (Print/Type)	Mark S. Matkin	Registration No. (Attorney/Agent)	32,268	Telephone	509-624-4276
Signature				Date	11/16/02

WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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